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White paper

Enhancing the culture and employee engagement to support process improvement in an emergency department

Executive summary

Staff stress, burnout and disengagement can be symptomatic of today's busy ED influencing clinical outcomes, turnover, patient experience, and innovation. Concerned by a lack of employee morale, hospital executives at a Level I Trauma Center in the Northwest contracted with Philips to provide enhanced interim ED leadership, perform an assessment of the ED culture and develop and implement a cultural improvement plan.

Following a comprehensive assessment of the ED culture, eight key strategies were identified as the basis of the cultural improvement plan. Aligned with each strategy, several objectives and a series of outcome measures for success were prioritized across a 12 to 18 month time period. Outcome measures included operational metrics related to staffing adequacy, patient flow, patient experience, employee engagement, regulatory compliance and accreditations, and patient and employee safety.

Led by the two Philips on-site consultants, four clinical practice shared governance councils were formed to implement the ED cultural improvement plan. Results were significant, and improvements in employee engagement, patient experience, patient flow metrics, and regulatory compliance were achieved. A foundation for continuous improvement has been established to facilitate ongoing success.

Introduction

At a nonprofit 500+ bed American College of Surgeons (ACS) verified Level I Trauma Center in the Northwest, hospital executive leaders were concerned about the lack of employee engagement, diminishing employee morale, and increasing turnover rates in the ED.

Philips was asked to provide enhanced interim ED leadership, perform a cultural assessment, and develop and implement an ED cultural improvement plan.

Background

The Emergency Department (ED) is a complex, often stressful and chaotic environment positioned as the "front door" for acute care delivery. It is not surprising that ED caregivers are susceptible to stress, burnout, and disengagement (Healy & Tyrell, 2011) (Bodenheimer & Simsky, 2014). Many resources have outlined the adverse impact and cascade influence of employee disengagement on stress, burnout, compassion fatigue, and staff morale, which subsequently influences clinical outcomes, turnover, patient experience, and innovation (Advisory Board, 2014), (Press Ganey, 2015).

Today's ED nurses work in a complex environment where they manage multiple competing priorities, rapid advances in knowledge and technology, and the frequently evolving demands of new healthcare delivery models (Press Ganey, 2015). With the growing competitive challenges of regulatory standards and publicly reported metrics of operational quality and efficiency, the importance of restoring and nurturing engagement levels has become a strategic imperative for many organizations (Society of Human Resource Management Foundation, 2015).

Approach

Two Philips on-site consultants became the interim ED Manager and ED Assistant Manager demonstrating high visibility leadership to the ED staff and working with them to collaboratively improve the team culture.

The interim leadership team designed the cultural assessment of the ED to include an evaluation of the barriers and facilitators of a healthy work environment. Specifically, the team focused on the presence/absence/adequacy of collaborative practices and goal alignment – this includes culture of accountability, adequate staffing, presence of competent, credible, visible leadership, shared decision-making, presence of encouragement of professional practice growth and development, and meaningful recognition of the value of staff contributions. These were all assessed via interviews, focus groups, and direct observations with the ED staff and key stakeholders.

As part of the baseline assessment of the current state, a targeted evaluation was performed which included:

- Analysis and benchmarking of the volume, acuity, staffing matrix, and productivity targets
- Analysis of key performance and quality indicators
- Analysis of previous regulatory recommendations and related improvement plan
- Analysis and evaluation of professional development resources, and required versus necessary education for the specialty
- Review of the existing leadership span of influence and effectiveness
- Analysis of leader rounding feedback comments and follow-up
- Review of the employee engagement scores and culture of safety surveys for prior two years
- Review of the effectiveness of the communication methodology/pathways
- Analysis of prior two years turnover (to include transfers out of department) with a special focus on turnover 1-3 years from hire date
- Analysis and trending of occurrence reports
- Review of the incidence of violence against employees
- Analysis and trending of focused interviews with key informants within the department and other key stakeholders

Once the assessment of the current state was compiled, a strategic plan outlining the key strategic imperatives and associated objectives, outcome measures and resources needed was presented and approved by the executives (see table 1). After receiving the needed approval, a staff communication plan outlining the results and staff participation/representation from all shifts and job classifications was sought. The improvement plan was developed using input from key stakeholders.



Strategy and implementation

The cultural assessment gathered qualitative and quantitative information about the ED operational performance, leadership structure, patient perception of care, and adequacy of the staffing matrix for the ED.

Using the results of key stakeholder interviews, direct observations, and analysis of metrics, eight key strategies and associated strategic imperatives were developed. (Table 1.)

Key strategies and imperatives

<p>Assess and stabilize staffing</p> <ul style="list-style-type: none"> • Identify budget & staffing requirements using key metrics & benchmarks • Normalize workflow • Improve staff & leader competency • Professionalize Charge Nurse role • Identify productivity target for volume & acuity • Identify optimum/appropriate skill mix 	<p>Ensure patient and staff safety</p> <ul style="list-style-type: none"> • Optimize risk assessment tactics • Improve utilization of safety reporting • Build and sustain a culture of safety • Stabilize behavioral health pod • Maintain appropriate staff/patient ratio in behavioral health pod • Improve staff safety education • Instill frontline accountability to reduce falls and skin assessments for admitted patients
<p>Re-engage staff</p> <ul style="list-style-type: none"> • Increase frontline ownership through great input/ involvement • Achieve sustained improvement in ED patient experience • Promote staff participation in ED Engagement improvement strategy • Optimize professional growth • Develop and nurture succession plan 	<p>Optimize inter-professional collaboration</p> <ul style="list-style-type: none"> • Develop and hardwire process for handoff communication • Develop mechanism for closed loop communication between clinicians and providers • Appoint a provider liaison to ED staff meetings and an RN liaison to Provider meeting
<p>Procure and maintain adequate supplies/ equipment/physical space</p> <ul style="list-style-type: none"> • Utilize LEAN concepts to improve management of equipment and supplies • Identify roles and responsibilities for ordering and maintaining 	<p>Create a shared governance structure</p> <ul style="list-style-type: none"> • Develop a Unit Based Council with sub-committees in areas of staffing/scheduling, education, professional development, and meaningful recognition
<p>Improve/strengthen communication pathways to promote transparency</p> <ul style="list-style-type: none"> • Improve inter/intra departmental communication • Improve EMS communication • Utilize multiple modalities to communicate • Implement daily shift huddles • Implement monthly staff meetings with call-in option and distribute minutes • Develop EMS survey tool 	<p>Create a state of continuous regulatory compliance</p> <ul style="list-style-type: none"> • Create and foster processes and a culture that reduces failures • Widely display/communicate compliance expectations/targets/current state

Table 1.

Several objectives were identified to align with each key strategy and corresponding outcome measures of success identified. The strategies, objectives, and outcome measures of success were prioritized to span a 12- to 18-month implementation period, along with assignment of resources required for the success of the action plan. This included creation of four clinical practice shared governance councils with ED staff as chairs, co-chairs, and members, with the intent to provide a voice for the staff.

The outcome measures included operational metrics related to staffing adequacy, patient flow, patient experience, employee engagement, regulatory compliance and accreditations, and patient and employee safety. These outcome measures were considered reflective of an improvement in the culture and staff engagement. (Table 2.)

Outcomes measures listed below were identified in the cultural improvement plan

Staffing adequacy	Patient flow	Patient experience (Press Ganey scores)	Employee engagement	Regulatory compliance & accreditations	Patient and employee safety
Improve meal break compliance	Decrease LWBS	Improve “Rate ER Care”	Improve managerial domain	Achieve regulatory compliance & accreditation	Improve medication barcode administration/ scanning percentages
Achieve productivity targets	Improve patient arrival to provider	Improve “Recommend ER”			Develop and implement violence in the workplace prevention plan

Table 2.

A first-time staffing plan was created, with staff input, to right-size the staffing needs/budget, promote patient throughput, and ensure staff received appropriate meal breaks. After approval, the staffing plan was implemented, and open positions were filled with a targeted selection of experienced ED staff.

Additionally, an ED Safety and Security Task Force was initiated with staff, provider, risk management, leadership, and security participation, with the goal of mitigating violence in the workplace. The ED leadership structure was successfully re-vamped, optimizing the span of influence to include the addition of an educator, one assistant nurse manager, and primary charge nurses.

Results*

After implementing and maintaining the cultural improvement plan, all of the operational and quality metrics demonstrated improvement.

Patient flow metrics

The ED clinical practice shared governance team redesigned the patient flow processes for the front end of the ED. The concepts of immediate bedding and split flow were utilized to efficiently process patients and optimize vertical patient care. After staffing matrix/budget approval, increased human resources were allocated to the arrival and triage areas. In addition, a rapid medical evaluation (RME) cycle test of change was completed to address patient flow challenges when the department was at capacity. The results of these efforts over the project engagement were:

- A decrease in the LWBS rate, from 6.7% to 1.49% (**an improvement of 77.76%**)
- A decrease in monthly ED ambulance diversion time
- A decrease in the median length of stay for patients discharged from the ED from 188 minutes to 129 minutes (**an improvement of 25.2%**) which also allows more patients to be seen with a reduced wait time
- A decrease in the median length of stay for patients admitted to the hospital from 352 minutes to 282 minutes (**an improvement of 19.9%**)
- A decrease in the door to provider time from 58 minutes to 21 minutes which is a reduction of 37 minutes (**an improvement of 63.8%**)

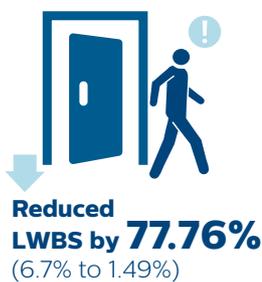
Staffing adequacy

ED length of stay and patient visits/volume were used to calculate the minimum staffing levels. The new staffing matrix and plan were created with the assistance of the new shared governance scheduling and staffing council. Once a new budget was approved, experienced employees were hired.

Implementation of the new plan resulted in improvement of staff mealtime compliance (from 29% missed meals to 5.4%, for a **81.4% reduction**). In addition, the staff consistently achieved productivity targets without adding additional staff resources.

Patient experience metrics

The “Rate ER Care” score on a scale of 0-10 was 52.8% (or 8th percentile) from a Press Ganey sample July to September 2016. The “Recommend the ER” score for the same timeframe was 50.6% or 8th percentile. The report for October to December 2017 demonstrated an improvement in both the percentage and percentile for both metrics with the **“Rate ER Care” at 63.8% or the 43rd percentile (an improvement of 20.8%)** and the **“Recommend the ER” at 64.4% or 45th percentile (an improvement of 27.3%)**.



* Results are specific to the institution where they were obtained and may not reflect the results achievable at other institutions.

Staff engagement metrics

Employee engagement vendors were changed from 2016 to 2017 so comparison of results was not available to interpret. However, the reported managerial domain strengths from an April 2017 employee engagement survey reported the scores against a national healthcare average comparison per the below. (Table 3.)

Regulatory compliance and accreditations

Regulatory compliance and successful accreditation was a strategic imperative requiring a focus on operational detail and an engaged staff. During the interim consulting engagement, the client achieved:

- First-time American College of Surgeons (ACS) Level I pediatric verification
- The Joint Commission (TJC) Disease-specific Care (DSC) re-certification for Chest Pain
- Annual Det Norske Veritas (DNV) comprehensive stroke re-designation

Patient and staff safety

The following patient and staff safety outcome measures were achieved:

- Bar code medication administration scanning rate improvement from 85.6% to 95.4% (**an improvement of 9.8%**)
- Alignment and teamwork with the new psychiatric hospital in care of behavioral health patients; resulting in decrease in length of stay for admitted patients
- Positioning of a 24/7 security officer in the ED Lobby; also one security officer rounding in the ED treatment areas
- Signage to support the zero tolerance for violence policy created and posted

Question	Score (out of 5.00)	National average	Result
Is person I report to a good communicator?	4.09	4.01	+0.08
Is person I report to responsive when I raise an issue?	4.02	3.99	+0.03

Table 3: Staff engagement metrics.

* Results are specific to the institution where they were obtained and may not reflect the results achievable at other institutions.

Benefit to the organization

There is a growing body of evidence linking staff engagement to successful improvement endeavors (Edmonds, 2014), (Press Ganey, 2015). Establishing staff trust and employee engagement was a strategic imperative for this organization and leadership team. By improving employee engagement, the foundation for continuous improvement endeavors was fortified to facilitate ongoing success.

Using transformational leadership and a shared governance approach, which empowered and engaged staff, the ED is now well-positioned to continue the journey to excellence. With cultural assessment and action planning support from Philips, employee engagement and morale was restored, creating the foundation to achieve and sustain improvements in key operational and quality indicators.

About the author

Runay Valentine, DNP, MHA, RN, CEN, NEA-BC

brings clinical leadership in many operational settings including emergency care, trauma services, aeromedical transport, and critical care. She has helped emergency departments achieve sustainable results in patient throughput, employee engagement, patient experience, and clinical outcomes by utilizing an evidenced-based, shared governance, metric-driven model, empowering staff and fostering collegial physician relationships to achieve successful outcomes. Runay is a senior consultant with Philips and can be reached at runay.valentine@philips.com.

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